

CAFOS SUBJECT TO NPDES PROVISIONS

This section applies to a facility that is applying for a National Pollutant Discharge Elimination System (NPDES) permit. Please review the rules and information listed in this form. Provide any additional information to satisfy the NPDES requirements.

Section A. – General Information**1. Applying for:**☐ Individual Permit☐ General Permit**2. Type of Facility**☐ Concentrated Animal Feeding Operation☐ Small☐ Medium☐ Large**3. Facility Operation Status**☐ Existing☐ Expanding☐ Proposed**4. Watershed**☐ **Name:** _____☐ **Address (8 digit code):** _____

You may find the name of your watershed on the U.S. Environmental Protection Agency Watershed Information Network website: www.epa.gov/win. For assistance please contact the Ohio Department of Agriculture, Division of Livestock Environmental Permitting at (614) 387-0470 or through the ODA website at: www.agri.ohio.gov/divs/DLEP/dlep.aspx

5. Owner/Operator Information

INSTRUCTIONS: All owners, operators, officers, directors, partners, or others that have a right to control or in fact control management of an applicant or the selection of officers, directors or managers of an applicant must be identified. If more space is needed, attach a separate piece of paper with the required information. At least one owner/operator must sign and certify the permit application (Rule 901:10-1-02). If any owner, operator, partner, or controlling person is a corporation, limited liability company (LLC or Ltd.), or limited liability partnership (LLP), identify the officers, directors, partners, or members of that company using supplemental General Information Form 3900-001b.

OWNER/OPERATOR 1:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Cell: _____

Email Address: _____

OWNER/OPERATOR 2:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Cell: _____

Email Address: _____

OWNER/OPERATOR 3:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Cell: _____

Email Address: _____

OWNER/OPERATOR 4:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Cell: _____

Email Address: _____

OWNER/OPERATOR 5:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Cell: _____

Email Address: _____

6. FACILITY INFORMATION

Name of Facility: _____
 Contact Person: _____
 Facility Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Township: _____ Section: _____
 Phone: _____ Fax: _____
 Email: _____

7. Latitude of entrance to the production area: _____
 Longitude of entrance to the production area: _____

8. List other relevant existing or proposed Environmental Permits: _____

9. Animal Capacity

Animal Sector	CAFO Thresholds – Animal Numbers		
	Large	Medium ¹	Small ²
Slaughter/Feeder/Heifer	1,000 +	300-999	< 300
Mature Dairy Cows	700 +	200-699	< 200
Swine (55 lbs. +)	2,500 +	750-2,499	< 750
Swine (< 55 lbs.)	10,000 +	3,000-9,999	< 3,000
Horses	500 +	150-499	< 150
Sheep or Lambs	10,000 +	3,000-9,999	< 3,000
Turkeys	55,000 +	16,500-54,999	< 16,500
Laying hens/broilers (liquid system)	30,000 +	9,000-29,999	< 9,000
Chickens other than laying hens (dry systems)	125,000 +	37,500-124,999	< 37,500
Laying hens (dry systems)	82,000 +	25,000-81,999	< 25,000
Ducks (dry systems)	30,000 +	10,000-29,999	< 10,000
Ducks (liquid systems)	5,000 +	1,500-4,999	< 1,500

¹ Must also meet one of two “methods of discharge” criteria to be defined as a CAFO or may be designated.

² Never a CAFO by regulatory definition, but may be designated as a CAFO on a case-by-case basis.

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Animal Type	1 Existing Population (leave blank if new)	2 Maximum Design Capacity
Slaughter/Feeder/Heifer		
Mature Dairy Cows		
Swine (55 lbs. +)		
Swine (< 55 lbs.)		
Horses		
Sheep or Lambs		
Turkeys		
Laying hens/broilers (liquid system)		
Chickens other than laying hens (dry systems)		
Laying hens (dry systems)		
Ducks (dry systems)		
Ducks (liquid systems)		

*NOTE: Maximum Design Capacity refers to buildings and means the maximum number of animals that could possibly be housed at the facility at any one time. Maximum Design Capacity does NOT refer to the Total Storage Volume of manure.

Section B – Supporting Information

1. Attach to this form a topographic map of the area extending at least one mile beyond property boundaries. The map must show the outline of the facility and production area and the location of any existing or proposed discharge locations.

2. Attach to this form engineering drawings, design calculations and plans for construction that include an evaluation of precipitation, runoff and stormwater grading plans to be included at the production area and facility. In addition, provide with this evaluation the following:

- Design calculations based on either a 25-year/24-hour storm or 100-year/24-hour storm.
- For each discharge outfall, give the maximum daily flow, maximum 30-day flow, and the long-term average flow.
- See Rules 901:10-3-03 to 901:10-3-06 for effluent limitations for facilities by species type.
- Include the results of at least one analysis of the discharge for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of process wastewater or process-generated wastewater being discharged.
- Identify and show location of receiving waters for any discharge.

A complete permit application may require the submittal of quantitative and qualitative data for pollutants contained in a facility's effluent. This will apply for those CAFOs that may plan for a discharge that is not covered by the effluent limitations for zero discharge as required in OAC Chapter 901:10-3. The effluent must be sampled and analyzed for pollutants listed in the application form. Each

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applicant may be required to submit, for every outfall, data on the following pollutants:

- Oil and grease
- Total suspended solids (TSS)
- pH
- biochemical oxygen demand (BODS)
- chemical oxygen demand (COD)
- total organic carbon (TOC)
- ammonia (as N)
- temperature (both winter and summer)
- fecal coliform (if believed present or if sanitary waste is, or will be discharged)
- total residual chlorine (TRC) (if chlorine is used)

3. Manure Storage or Treatment Facilities

Complete the chart below for all the manure storage or treatment facilities, both existing and proposed, that are, or are planned, to be located at the facility.

Please see Rule 901:10-1-01 for the definitions of “manure storage or treatment facility,” “fabricated structure,” “manure storage pond,” and “manure treatment lagoon.” Fabricated structures, manure storage ponds, and manure treatment lagoons are specific types of manure storage or treatment facilities.

1. **Structure ID:** Provide the manure storage structure identification that is, or will be utilized by the facility for each manure storage or treatment facility. (i.e.: Deep Pit #1, North Pond, etc.)
2. **Existing or Proposed:** State whether the manure storage or treatment facility is existing or is proposed as part of the application.
3. **Type of Structure:** Provide a brief description of the structure and identify whether it is a fabricated or earthen structure.
4. **Total Manure Storage Volume:** Provide the Total Manure Storage Volume in gallons for liquid systems or cubic feet for solid systems. This volume shall be to the maximum operating level, which is the total depth minus the freeboard (which should include the rainfall and runoff from design storm event – See H. Below).
5. **Minimum Treatment Volume:** Only for manure treatment lagoons – Provide in gallons.
6. **Dimensions of Storage Structure:** Provide overall dimensions of the structure. For ponds/lagoons, provide dimensions at the maximum operating level.
7. **Days of Storage:** Days of storage provided to the facility by the structure.
8. **Freeboard**

Liquid Manure

Manure storage ponds and manure treatment lagoons: 12” plus direct precipitation and runoff from a 100-year, 24-hour storm from any contributing drainage areas.

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Fabricated structures: 6" plus direct precipitation and runoff from a 100-year, 24-hour storm from any contributing drainage areas.

Solid Manure

Fabricated structures receiving rainfall: 6" plus direct precipitation and runoff from a 100-year, 24-hour storm from any contributing drainage areas.

Fabricated structures not receiving rainfall: N/A

Provide a detailed calculation sheet that shows annual manure produced, total manure storage volume, days of storage provided and calculation for freeboard required (if necessary) for each manure storage or treatment facility listed in the following chart.

MANURE STORAGE OR TREATMENT FACILITIES RECORD

A.	B.	C.	D.	E.	F.	G.	H.
Structure ID	Existing or Proposed	Type of Structure (Fabricated or Earthen)	Total Manure Storage Volume	Minimum Treatment Volume	Dimensions of Storage Structure	Days of Storage	Freeboard

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4. Manure and Nutrient Production and Use

A. How much manure is generated annually by the facility?

_____ Tons

_____ Gallons

B. If manure is to be land applied, how many acres of land, under the control of the owner or operator, are available for applying the CAFO's manure?

_____ Acres

C. If manure is to be transferred to others, provide quantity of manure to be transferred annually.

_____ Tons

_____ Gallons

Attach with this form a manure management plan for review and approval.

Section C. Applicant Agreement Language and Signature

Signature

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information the information is, to the best of my knowledge and belief, true and accurate and complete. I am aware there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations." Rule 901:10-1-02(A)(8) of the Ohio Administrative Code."

Name of the owner or operator (Signature here)

Date

Check one or both of the following:

- ☐ Name of Owner or
- ☐ Name of Operator

Print name here

Important: All reports required by permits and other information requested by the director shall be signed by the owner or operator or a duly authorized representative of the owner or operator only if:

- (a) The authorization is made in writing by the owner or operator.
- (b) The authorization specifies either an individual or a position have responsibility for the overall

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operation of the facility such as the manager or an equivalent position.

(c) The written authorization is submitted to the Director.

(d) Changes in this authorization require notice to the Director prior to submitting reports, information, or applications.

For Department Use Only:

Date Permit Application Received: _____ Date Permit Application Complete: _____

Date Permit Application Information Entered into Data Management System: _____

Application Fee Amount Due: _____ Application Fee Amount Received: _____

Check Number: _____

Issuance Date of Permit: _____

Expiration Date of Permit: _____

Notes: _____
